

SCUTTLEBUTT



In This Issue

Leadership Addresses Command Climate Issues

Page 3

Team STEPPS: A Tool for Staff and Patients

Page 3

Be Aware of Warning Signs, Symptoms of Strokes

Page 4

Corpsmen Spend Their Fridays with the Elderly

Page 6

Rear Adm. Wagner Visits Naval Hospital Camp Lejeune

Page 7

On the Front Cover: Cmdr. Eric Gryn tends to a simulated casualty in the outside triage of Naval Hospital Camp Lejeune during the active shooter mass casualty drill aboard base April 3. The mass casualty drill was a training exercise to test the base's abilities to respond to a crisis situation with the appropriate actions. This year's scenario involved an active shooter aboard the base resulting in the Naval Hospital caring for 24 simulated casualties of varying degrees. (U.S. Navy photo by Hospital Corpsman William Cagle).

On the Back Cover: Hospital Corpsman Apprentice Katherine Bagwell works in the outside triage of the Naval Hospital to ensure a patient's airway is clear and monitored as simulated casualties are received from the active shooter mass casualty drill aboard base April 3. The mass casualty drill was a training exercise to test the base's abilities to respond to a crisis situation with the appropriate actions. This year's scenario involved an active shooter aboard the base resulting in the Naval Hospital caring for 24 simulated casualties of varying degrees. (U.S. Navy photo by Mass Communication Specialist 2nd Class A.J. Jones).

Commanding Officer, NHCL

Capt. David A. Lane

Editor-in-Chief

Raymond Applewhite

Managing & Layout Editor

Mass Communication Specialist 2nd Class A.J. Jones

Marketing Manager

Kelly Pursel

Contributing Writers

*Hospital Corpsman William Cagle
Lindy Eatherington*

Scuttlebutt is an authorized publication for Marines, Sailors, retirees and family members. It's contents do not necessarily reflect the views of the U.S. Government, the DOD, or the Naval Hospital Camp Lejeune Public Affairs Office. Questions or comments can be directed to the Editor-in-Chief, phone 450-4463, or the Managing Editor, phone 450-3914, or by email at nhclpao@med.navy.mil.

Leadership Addresses Command Survey

*By Capt. David A. Lane
Commanding Officer*

To strengthen our Core Purpose, Mission, and Vision, we listen to our staff. One tool used is the annual Command Climate Survey.

In 2013, we took the top issues from this survey to listen to our staff and improve their top issues. The major topics included:

1. simplify timekeeping,
2. do less online training,
3. provide more educational and career development opportunities for civilian staff,
4. increase the amount of morale and team-building events, and
5. address uniform matters for active duty. Mainly to allow Sailors to wear “sleeves up” on the NWU.

To update you on our progress; we have already implemented changes to address as many of the issues as we could, for example, a computerized system “Kronos” is being piloted to allow for fingerprint scanning vice the use of circa 1960 timecards. The issue of online training was addressed when the command opened a Simulation Lab, complete with two lifelike mannequins that can interact with providers during the training, making it possible for scenarios to be changed in an instant to mimic real life situations. We have a goal for 2014 to attain 100 percent certification for staff, civilian or military, for professions that offer certification. We’ve also created a ship’s store to help in fundraising for the Wardroom, Chief’s Mess, First Class Petty Officer Association, Junior Enlisted Association, and the Recreation Committee to ensure that we can offer more morale and team-building events to staff. The major uniform issue involved the order that sleeves must be in the down position as opposed to rolled up. NHCL granted active duty members the right to roll their sleeves up, after the base was granted the privilege from the Commandant of the Marine Corps in an updated MARADMIN. Perhaps our voices are being heard.

Team STEPPS: A Tool for Staff and Patients

*By Lindy Eatherington
Patient Safety*

Navigate Your Healthcare Safely was the theme of this year’s National Patient Safety Week. The National Patient Safety Foundation initiated the first recognition event in 2002 to heighten awareness for medical professionals, medical staff, support staff and patients. Twelve years later we are continuing our quest for improvement of systems and processes to foster a safe environment for our patients and staff.

This year the Surgeon General, our NHCL leadership, and our NHCL Patient Safety Program focuses on a journey to establish a culture of Patient Safety that will help our patients Navigate their Healthcare Safely. The Surgeon General has provided clear and specific expectations. He notes that communication plays a role in everything we do and that Team STEPPS will play a large part in our journey, specifically focusing on coaching our staff on Team STEPPS tools that will encourage them to SPEAK UP and create a “safe zone” around the patient. We can also coach and share these Team STEPPS tools with our patients to encourage their participation in their healthcare. Communication is crucial to our successful treatment and management of disease processes, injuries, and successful patient education and engagement.

Team STEPPS is a language that is simple, easy to understand, and standardized with common terms to ensure a shared mental model. A shared mental model is the state we strive to achieve to ensure that we are all “on the same page” or have a shared understanding. Our culture change is more extensive than just knowing the tools of Team STEPPS. It

is putting those tools to use every day, in every location, making them part of our daily processes, embedding them in our vocabulary and our actions. Our goal is for EVERY staff member to SPEAK UP whenever there are concerns for patient safety, whenever someone is at risk for harm or when there is information that may alter the course of treatment for a patient. Team STEPPS tools such as CUS (I am Concerned, I am Uncomfortable, this is a Safety issue) can also be used to keep our shipmates safe. I saw this used several times during our Stand Down training in January.

We have an extensive cadre of instructor/coaches who will be coming to your areas to coach sessions with you. These sessions are focusing on your individual needs and how these tools can work specifically for you and your team(s) in your duty section.

NHCL is also embedding instructors/coaches and champions throughout our facility at the deck-plates to encourage, empower, reinforce and promote both the use of the tools/concepts AND to validate that staff at every level understand the importance of recognizing, acknowledging and taking appropriate action when the tools are used.

Team STEPPS can help us prevent harm and errors. The tools, if used, will also help us improve processes and systems. And some food for thought, Team STEPPS can help us avoid being the secondary victims of preventable harm and errors. We might be able to eliminate many “what if” moments. What if I had spoken up? What if I had asked a question? What if....? Don’t be at risk for a “what if” moment. Join us, embrace Team STEPPS, use the tools, and improve communication, teamwork and patient engagement.

Be Aware of Warning Signs

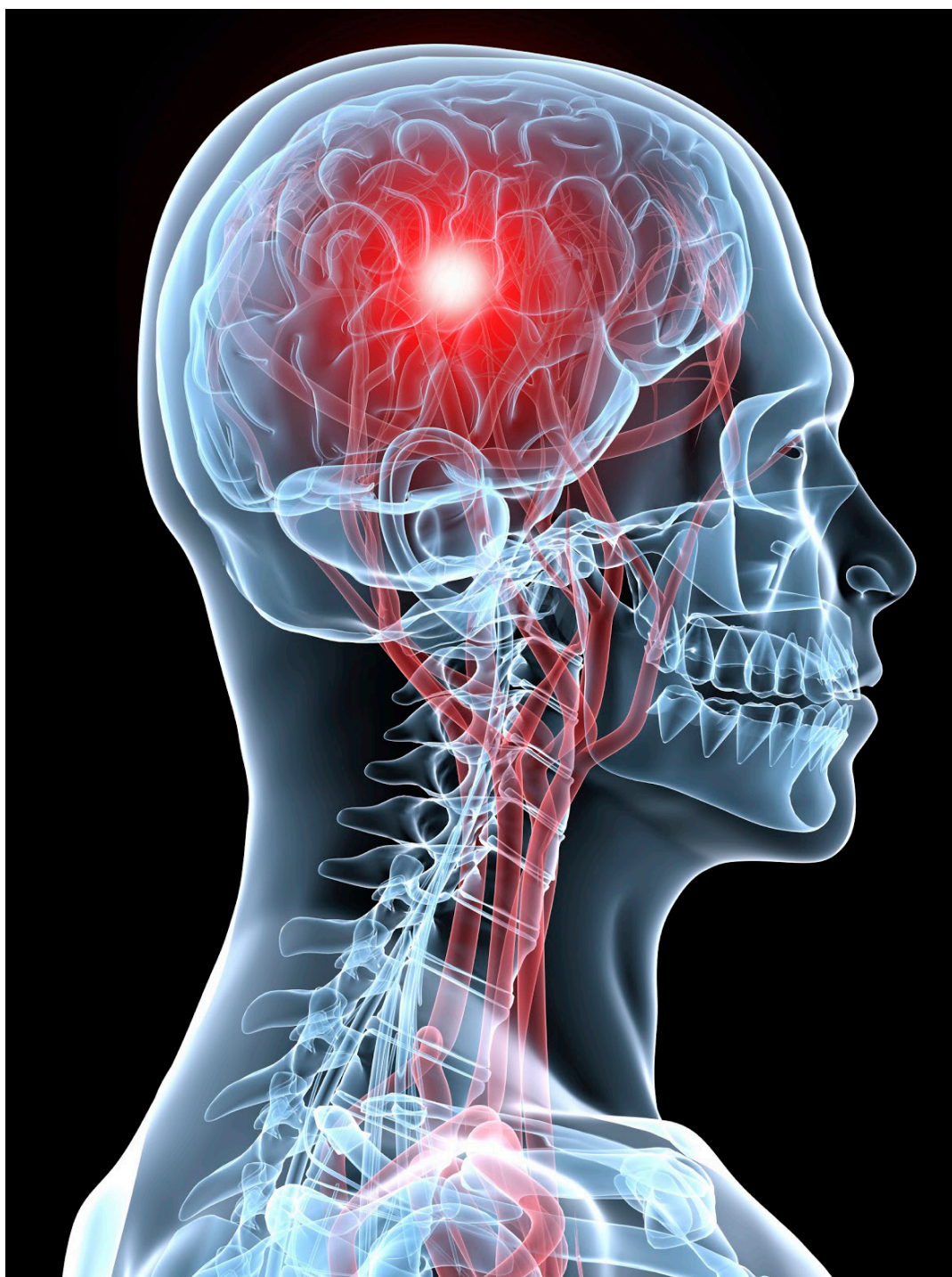
*By Lt. Cmdr. Wendy Gaza
Neurology Department*

It was a regular Wednesday morning, and Mr. Adams was a healthy 55 year-old man, getting ready for work at 6:20am. He put on his tie and went downstairs for his usual cup of coffee. When he sat down ready to take his first sip, the mug fell from his hand and he was annoyed that he had to change his trousers likely making him late for work. He noted some difficulty when he tried to put his belt on, as if his fingers felt a little slow but didn't think much of it and rushed out of the house.

After arriving at his desk, it took him three times to enter his password into his computer. He went to the water cooler and noticed a small amount of water leaking out of the corner of his mouth and thought "it was just going to be one of those days". Several hours later his coworkers noticed that his speech sounded slurred and told him to go to the hospital. Mr. Adams said he felt fine and had a lot of work to do. Only after his boss insisted that he be evaluated did he agree to go to the Emergency Department.

He was hooked up to several monitors, had people asking him questions, felt tourniquets being placed and needles poking him in both arms. He was a little embarrassed to be taking up everyone's time, but nothing could have prepared him for the shock he experienced with the doctor told him he was having a stroke.

About 795,000 Americans experience a stroke each year. The symptoms can be subtle and are often painless. A majority of strokes are caused by clots or narrowing in the blood vessels of the brain causing nearby brain cells to die. If these clots dissolve or if blood flow is rapidly restored, these cells may survive. This



is why stroke is a medical emergency. It is important to be able to recognize the early signs and symptoms of a stroke and to seek medical attention as soon as possible.

Stroke symptoms include:

- Sudden weakness in the face, arms, or legs, especially if it

ns, Symptoms of Strokes

occurs on one side of the body

-Difficulty speaking or having slurred speech

-Trouble seeing in one or both eyes

-Sudden dizziness or loss of balance, problems walking or with coordination

-Sudden severe headache

What causes a stroke?

There are many causes of stroke, but some of the more common ones are ischemic and hemorrhagic strokes. As we age, our blood vessels thicken with cholesterol and other blood products (plaques) that can stick to the walls of arteries. Sometimes these plaques can dislodge from the artery and travel to a location where it can block a smaller artery. Other times, the plaque can continue to enlarge and prevent blood flow completely. These types of strokes are known as ischemic strokes.

Strokes can also be the result of bleeding in the brain, known as hemorrhagic stroke. One of the most frequent causes of hemorrhagic stroke is high blood pressure, since excessive force is placed on tiny blood vessels which can rupture into the brain. It is difficult for doctors to determine whether a person has a clot or a bleed in the brain by clinical examination alone. The most useful and efficient way of identifying a brain bleed is with a brain CAT scan.

In addition, various heart conditions can lead to stroke. The most common cause is atrial fibrillation. In this condition, the heart does not beat at a regular rhythm and blood begins to form clots within the heart. These clots then travel to the brain where they become lodged in an artery and cause a stroke.

What are stroke risk factors?

-Age: Although strokes can occur at any age, the risk of stroke doubles for each decade after the age of 55, and therefore 75% of strokes occur in people over the age of 65.

-Smoking: Doubles the risk of stroke since it activates platelets leading to increased clotting, and smoking also causes blood vessels to narrow over time.

-Race: African Americans are at a higher risk for stroke and death from stroke in all age groups.

-Geographic location: North Carolina is located in the proverbial “stroke belt”, an area represented by the southeast United States

where the mortality of stroke is greater than 40% compared to other regions of the US. Several studies have tried to address these disparities, but there is no conclusive data.

-Heart disease/Atrial Fibrillation: Heart failure can lead to decreased blood flow into the brain. Atrial fibrillation leads to the formation of blood clots. Anticoagulant medications sometimes known as blood thinners significantly reduce the strokes due to atrial fibrillation.

Hypertension: A target blood pressure is 120/80. Persistent blood pressure readings above 120/80 increase the risk of heart attack and stroke.

-Obesity and inactivity lead to increased risk of plaque formation within arteries.

-Diabetes: high levels of glucose cause damage to blood vessels and over time these injured blood vessels become more susceptible to stroke and heart disease.

-Excessive Alcohol: binge drinking or >30 alcoholic drinks per month are associated with increased risk of stroke.

-TIAs or “mini-strokes”: TIAs or transient ischemic attacks can have the appearance of stroke but the symptoms will usually resolve in 24 hours and there is no evidence of permanent damage on CT or MRI. TIAs, however, can be a warning sign for a future stroke. The highest risk of stroke after a TIA is within the first 3 months.

Many of these risk factors can be modified with lifestyle change and will significantly reduce the risk of stroke. Know your risk factors and talk to your doctor about the best methods for reducing these risks. Be sure to take the medications your doctor prescribes and inform him/her if you are experiencing side effects. Abrupt discontinuation of several medications can lead to adverse effects.

Are there treatments for stroke?

-Treatments are available depending on the type of stroke and the length of time the stroke symptoms have been present.

What should you do if you or someone around you is experiencing a stroke?

-Call 911 immediately

-Bring a list of all current medications or the medication bottles to hospital

-Identify the time when the person having the stroke was last seen normal. Every minute counts during a stroke. The sooner one is evaluated, the better the chances of improving neurologic outcome.

Corpsmen Spend Their Fridays with the Elderly



U.S. Navy Photo by Hospital Corpsman William Cagle
Hospital Corpsman Taylor Scott, right, prepares to play a game of checkers with a resident at the Alzheimer's Related Care Center in Jacksonville, North Carolina.

By Raymond Applewhite
NHCL Public Affairs

Armed with patience and enthusiasm, Sailors from Naval Hospital Camp Lejeune's and its Branch Medical Clinics are excited to donate their time to read books, play cards, chit-chat and most importantly listen to residents at Alzheimer's Related Care of Jacksonville, NC on Fridays as part of the command's community relations program.

The Sailors spend their lunch break every Friday donating an hour of their workday to read

books to the residents, hang out with them, talk to them and just giving them some some plain ole tender loving care.

"It feels good. I enjoy meeting and talking to the elderly, particularly older veterans. I like hearing the information they pass to us about their experiences in life," said, Hospital Corpsman 1st Class Mederos, Leading Petty Officer, Branch Medical Clinics.

Mederos began assimilating the volunteers December 2013 and has seen the number of volunteers dramatically increase over the past few months. According to Mederos, the all volunteer force totals 60 Sailors who are divided into teams of six to eight members ranging from Hospital Apprentice to Hospital Corpsman 1st Class.

The facility staff works very hard, and the Sailors like seeing the residents and staff's face light up when they walk through the door.

Kimmie Mecozzi, facility supervisor and others on staff at the facility express their appreciation when the Sailors visit and look forward to their weekly visits.



U.S. Navy photo by Hospital Corpsman William Cagle
Jan K. Herman, former chief historian of the Navy Medical Department from 1979 to 2012, and also the curator of the Old Naval Observatory, visited Naval Hospital Camp Lejeune on March 28. Mr. Herman gave a presentation on the quarterdeck and spoke to NHCL Sailors about Naval History.

Rear Adm. Wagner Visits Naval Hospital Camp Lejeune

By Raymond
Applewhite
NHCL Public
Affairs

Rear Adm. Elaine Wagner, Commander, Navy Medicine East, visited Naval Hospital Camp Lejeune on Feb. 25-26. Wagner visited

Lejeune to get a first-hand look at NHCL's expansive growth since her last visit to the hospital approximately a year and a half ago.

"I am extremely excited to be here today. I see a lot of new construction and this is an exciting time to be here. With everything that is going on around you, it can be difficult to remain focused. You are doing very, very well, and I appreciate everything that you are doing to take care of the world's most deserving patients," said Wagner.

During her two-day visit to the Lejeune hospital, Wagner addressed the hospital staff in an all hands admiral's call. She also promoted Lt.j.g. Luis Garcia to lieutenant and presented Cmdr. Michael Kuhn with the Navy Commendation Medal for being recognized as Navy Medicine's leader in advanced cartilage restoration and autologous transplants. Wagner awarded Navy Achievement Medals to Hospital Corpsman 1st Class Babacar Sembene for being selected as the hospital's Senior Sailor of the Year and Hospital Corpsman 2nd Class David Snow for his selection as the hospital's Junior Sailor of the Year. Wagner presented the hospital Safety Department with the fiscal year 2013, Navy Medicine's Bureau of Medicine and Surgery Award for Excellence in Medical Safety.

"You have a great reputation down here at Camp Lejeune. I am hearing good things about Naval



U.S. Navy Photo by Mass Communication Specialist 2nd Class A.J. Jones

Hospital Camp Lejeune across Navy Medicine," said Wagner. She spoke about the command's preparedness and hospitality, and stressed the importance of friendship for resiliency and encouraged everyone to make sure they had a good "one, two, five, or 20 friends" who are looking out for them.

She also told the audience to reciprocate by being a good friend to others.

After the Admiral's Call, Wagner received an up-close look at the sprawling facility and campus led by NHCL's Commanding Officer, Capt. David Lane. Areas toured included the outpatient clinics, Emergency Department, other areas undergoing new construction, barracks, Intrepid Spirit, Special Care Nursery and the newly renovated Ward 4A scheduled to open April 14. She also participated in a ribbon-cutting ceremony signifying the opening of the Simulation Lab.

Before departing the hospital, Wagner took a few moments to re-enlist Hospital Corpsman 3rd Class Morel Contreras.

On day two of her visit, Wagner visited with Brig. Gen. Edward Banta, 2nd Marine Corps Logistics Group Commander, and resumed touring several of the remaining 22 buildings owned and or operated by NHCL, which includes seven Branch Medical Clinics, and other hospital buildings located off the main hospital campus.

"We are excited to have Rear Adm. Wagner visit our hospital to see our hard-working staff and to walk around the command and witness firsthand what the staff does day in and day out to make Naval Hospital Camp Lejeune the "medical center of choice," said Lane.

